

Revised 06/08

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-4073  
 www.iowa.gov/ethics

Reset Form

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

**FORM-GB**

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

**For office use only**

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

Mt. Pleasant Mental Health Institute

Name of Department or Office  
 1200 East Washington St.,

Mt. Pleasant, IA 52641

Mailing Address  
 319-385-9511

City, State, Zip Code

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ron Mullen

Name

Same

Mailing Address (if different from above)  
 Ron.Mullen@iowa.gov

City, State, Zip (if different from above)

Same

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Name

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

August 2011

\$25.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof.

For Client/Patient Use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, \_\_\_\_\_ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

# Mt. Pleasant Mental Health

Aug-11

Date	Name	Address	Reason	Amount
8/5/2011	Anonymous		clothes	\$25.00
Total Amount :				\$ 25.00